V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30526

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4069

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital No. 1 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 mins. (Specify whether
In this community 18 min. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 508 So. Kensington 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Boyd Ray Wilson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Single O

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 15, 1946 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. 18 min.

9. Birthplace Kansas City, Missouri O
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Russell Eugene Wilson
13. Birthplace Springfield, Missouri O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Evelyn Louise Fulton
15. Birthplace Ardmore, Okla. O
(City, town, or county) (State or foreign country)

16. (a) Informant Record Office
(b) Address K C Gen Hospt 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lee's

18. (a) Signature of funeral director Wm A Lohmeyer
(b) Address City Mortician

19. (a) 9-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1946 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 8-15, 1946 to 8-15, 1946
that I last saw him alive on 8-15, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury O

23. Signature Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp Date signed 8-16-46

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Wm A Lohmeyer

Licensed Embalmer No. 3089

P. O. Address 1 T C MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.